

# APPLICATION FOR PARTIAL TRANSFER OF EXPERIENCE



## SCHEDULE A

### Allocation of Quarterly Taxable Wage Totals

We, the undersigned, do hereby certify that the information given below is, to the best of our knowledge, true and correct, and we submit said information as part of the Application for Partial Transfer of Experience under Section 1507 B of the Illinois Unemployment Insurance Act

#### **TRANSFEEE**

Employer Account No. \_\_\_\_\_

Business Name \_\_\_\_\_

Signed By \_\_\_\_\_

Official Title \_\_\_\_\_

Date Signed \_\_\_\_\_

#### **TRANSFEROR**

Employer Account No. \_\_\_\_\_

Business Name \_\_\_\_\_

Signed By \_\_\_\_\_

Official Title \_\_\_\_\_

Date Signed \_\_\_\_\_

1	2	3	4
QUARTER ENDING	<b><u>TAXABLE</u></b> Wages Reported by <b>PREDECESSOR</b>	<b><u>TAXABLE</u></b> Wages Attributable to <b>TRANSFEEE</b>	Balance of <b><u>TAXABLE</u></b> Wages Attributable to <b>TRANSFEROR</b> (Col. 2 less Col. 3)
9-30-			
12-31-			
3-31-			
6-30-			
9-30-			
12-31-			
3-31-			
6-30-			
9-30-			
12-31-			
3-31-			
6-30-			